

16. CHARACTER REFERENCES (Three required)

NAME AND ADDRESS (a)	OCCUPATION (b)	TELEPHONE NUMBER (c)

17. APPLICANT DATA (All questions must be answered by a "Yes" or "No")

(a) ARE YOU A FUGITIVE FROM JUSTICE?	YES	NO	(j) HAVE YOU SERVED ON ACTIVE DUTY IN THE ARMED FORCES? (If "Yes" check Branch and complete following)	YES	NO
(b) ARE YOU AN UNLAWFUL USER OF OR ADDICTED TO MARIJUANA, ANY DEPRESSANT OR STIMULATING DRUG, OR ANY NARCOTIC DRUG?			<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINES <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD		
(c) HAVE YOU EVER RENOUNCED YOUR UNITED STATES CITIZENSHIP?			SERVICE SERIAL NUMBER	DATE ENTERED ACTIVE DUTY	
(d) ARE YOU AN ALIEN ILLEGALLY IN THE UNITED STATES?			KIND OF DISCHARGE	DATE OF DISCHARGE	
(e) HAVE YOU EVER BEEN ADJUDICATED AS A MENTAL DEFECTIVE?			(k) ARE YOU NOW UNDER INDICTMENT OR INFORMATION IN ANY COURT FOR A CRIME PUNISHABLE BY IMPRISONMENT FOR A TERM EXCEEDING ONE YEAR? (If "Yes" show date, court, charges and current status.)	YES	NO
(f) HAVE YOU EVER BEEN COMMITTED TO A MENTAL INSTITUTION?			(l) HAVE YOU EVER APPLIED FOR FEDERAL FIREARMS LICENSE OR A FEDERAL EXPLOSIVES LICENSE OR PERMIT? (If "Yes" show date and with whom filed.)		
(g) HAVE YOU EVER BEEN ADJUDGED BY A COURT OF BEING MENTALLY INCOMPETENT?				YES	NO
(h) ARE YOU NOW ON PROBATION OR PAROLE?					
(i) HAVE YOU EVER BEEN DISCHARGED FROM THE ARMED FORCES UNDER DISHONORABLE CONDITIONS?					

18. Complete This Item Only If Applicant Was Ever Issued A Federal Firearms License Or A Federal Explosives License Or Permit.

BUSINESS NAME AND ADDRESS (LICENSE/PERMIT ISSUED UNDER)	LICENSE OR PERMIT NO.	EXPIRATION DATE OF LATEST LICENSE OR PERMIT

THE BUSINESS IS (Check one)

☐ INDIVIDUALLY OWNED ☐ A PARTNERSHIP ☐ A CORPORATION ☐ OTHER (Specify)

19. I BELIEVE I SHOULD BE GRANTED RELIEF BECAUSE:

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20. IMPORTANT: Applicants Filing For Restoration Privileges (Relief From Disabilities) Under Chapter 44, Title 18, U.S.C. (Firearms) Must Complete This Item.

No application for restoration under Chapter 44, Title 18, U.S.C. will be considered unless the applicant acknowledges and agrees that a notice of approval will appear in the Federal Register, an official U.S. Government publication available to the general public, if and when the application is approved. The notice of approval will give all essential details including the applicant's name, address, the court and date of conviction.

IN THE EVENT THIS APPLICATION IS APPROVED:

- ☐ I understand that a notice of approval will appear in the Federal Register immediately following the issuance of the approval, and
- ☐ I hereby agree to publication of the notice of approval giving my name, address, and the date of my conviction.

Under penalties imposed by 18 U.S.C. 924 and 18 U.S.C. 844, I declare that I have examined the entries in this application and, to the best of my knowledge and belief, they are true, correct, and complete.

21. SIGNATURE OF APPLICANT	22. DATE

NOTE: A COMPLETED FD 258 (FINGERPRINT IDENTIFICATION CARD) MUST ACCOMPANY THIS APPLICATION

MAIL APPLICATION FORM TO: Bureau of Alcohol, Tobacco and Firearms
P.O. Box 784, Ben Franklin Station
Washington, D.C. 20044